

39700 W. Civic Center Plaza Maricopa, AZ 85138 Ph: 520,568,9098 Fx: 520.568,9120 www.maricopa-az.gov

## REQUEST FOR PRE-APPLICATION CONFERENCE Note: Development Services general email, <a href="mailto:dspermits@maricopa-az.gov">dspermits@maricopa-az.gov</a>

Project Name: \_\_\_\_

SECTION I: APPLICANT & PRIMARY CONTACT INFORMATION				
Applicant Name:				
Affiliation with the Project:				
Mailing Address:				
Phone:	Fax:			
Primary Contact Name:				
Affiliation with project:	Project Name:			
Phone:	_ Fax:			
Email:				
SECTION II: PROPERTY INFORMATION				
Name of Property Owner:				
Mailing Address:				
Phone:	Fax:			
Address of Subject Property:				
Existing Zoning:				
Description of proposal or proposed land use:				
2 compared of proposed fund use.				



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	UBMITTAL REQUIREMENTS
Office Check-in App Use Only Che	
	Project narrative (scope of work proposed)
	Please provide two (2) 24" x 36" copies of a "Sketch Plan" including the following information:  • Proposed building with dimension  • Access points  • Parking area  • Retention area  • Landscape area  • Location of all public arterial and collector streets  • Acreage and land uses of all parcels  • Table of land use data including: gross and net acres; percent of open space, parking, and tentative lot sizes (if applicable)  • Location/vicinity map and north arrow
	F.E.M.A. information (if applicable)
	Tentative proposals regarding water supply, sewage disposal and surface drainage
	If possible, provide an electronic (PDF) copy of submittal on CD or USB drive
	Fees: \$300.00
I have read my applicat complete. I application	is Request for a Pre-Application Conference Application and understand that if is not complete in all respects it will not be processed until such time as it is so understand that it may take up to four weeks to receive a response to this d possibly up to seven weeks before a meeting is scheduled.
Signature of	Applicant Print Name Date
Signature of	Property Owner Print Name Date

 ${}^*$ If more than one owner, attach additional sheet with names, addresses and signatures



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OFFICE USE ONLY			
Case #:	Fees:	Receipt #:	
Date of Submittal:		Accepted by:	
Date of Pre-Application Confer	ence:		
People Present at Meeting:			
Staff Comments:			
Tentative Timeframes for Plann	ing Process:		





## CITY OF MARICOPA PRE-APPLICATION MEETING Staff Review

